Panel F

Law Enforcement

Chair:	Maury Hannigan
Background Paper:	John Lacy, Ph.D.
	Robert Voas, Ph.D.
Recorder:	LTJG Dorothy Stephens
Panel Members:	Peter O'Rourke
	Dean Gerstein
	Ralph Hingson, Sc.D.
	Johnny Mack Brown
	John Moulden
	Howard P. Patinkin
	James P. Donovan

Driving Under the *Influence* (DUI) enforcement is a short-term control over a much more fundamental problem – public attitudes toward alcohol abuse. This public health problem must be addressed in the long range by effective education programs beginning in our primary schools and extending to adult programs, mass media, advertising, and regulation. This will require a concerted and cooperative effort among agencies concerned with health, education, transportation, commerce, and the administration of justice. Enforcement can contribute to this longer range process through well-publicized programs enforcing community standards regarding drinking and driving.

We recommend six high-priority measures that would make DUI enforcement more efficient and effective in the apprehension of DUI offenders. The goal of enforcement is deterrence. The recommended measures are likely to increase the volume of DUI arrestees and thus affect other components of the DUI control system – notably the courts, corrections, and licensing agencies.

The Law Enforcement Panel of the U.S. Surgeon General's Workshop on Drunk Driving makes the following recommendations.

F-1 Develop a comprehensive DUI training program for chief executives of law enforcement agencies. The graduates of the program should–

- Understand the specific nature and extent of the DUI problem;
- Understand state-of-the-art strategies and technologies of DUI enforcement;
- Be able to implement and use DUI data systems in their jurisdiction; and
- Be able to identify and effectively draw on relevant organizations and resources at the local, State, and national level.

Strategy

An executive training program should be developed by NHTSA, in conjunction with the International Association of Chiefs of Police (IACP) and the National Sheriffs Association (NSA). This training program should be disseminated nationwide to all chief law enforcement executives through the auspices of IACP and NSA.

- *Timeframe: development of program in 1989*
- *Timeframe: implementation of program in 1990 and beyond*

F-2 Apply innovative techniques of DUI enforcement such as passive sensors, preliminary breath testing (PBT) devices, BATmobiles (mobile breath alcohol testing units), drug recognition experts, and horizontal gaze nystagmus. Adopt appropriate enabling legislation where needed and train field officers and court personnel in appropriate evidentiary use and interpretation of these techniques.

Strategy:

A program should be established by NHTSA in conjunction with the National Bureau of Standards and the IACP to certify passive breath sensors for DUI enforcement.

Such a program shall include minimum standards for these devices, a quantification test, the development of a certified products list (CPL), and a quality-control sampling procedure. This program should be established in consultation with the NSA.

- *Timeframe: develop standards and CPL by January 1990.*
- *Timeframe: establish quality-control procedures by January 1991*

NHTSA, IACP, and NSA should educate law enforcement personnel in the use of devices (passive sensors, PBTs) and techniques (drug recognition experts, horizontal gaze nystagmus) and encourage their application and wide utilization.

- *Timeframe: begin implementation by calendar year 1989 and beyond as necessary*

NHTSA should also continue to evaluate devices and techniques through appropriate research.

- *Timeframe: ongoing*

F-3 Implement DUI checkpoints in those jurisdictions currently not using this technique, and expand their use in jurisdictions currently using them. To enhance the efficiency and effectiveness of checkpoints, we advocate the use of BATmobiles, passive sensors, and/or PBT devices and the adoption of legislation to permit sobriety checkpoints where necessary. These techniques should be used in accordance with the standards set forth by the United States Supreme Court and/or respective State Courts. Also, research data on the effectiveness of checkpoints should be broadly disseminated.

Strategy

The IACP and NSA should conduct leadership workshops on the conduct of single and multiple agency checkpoints during their 1989 annual conferences, to be followed by a series of workshops across the country to disseminate this information to line supervisors, with the assistance of each State's Governor's Highway Safety representative.

- *Timeframe: Calendar year 1989 and continue thereafter*

Where checkpoints are currently not being used, consult with the attorney general of that State for the purpose of meeting the constitutional requirements of that State, relative to the application of checkpoints or drafting necessary constitutional/legislative amendments to allow their application.

- *Timeframe: immediate*

F-4 Make blood alcohol concentration testing mandatory for all drivers involved in fatal and serious injury traffic collisions, both for data collection and prosecution, as appropriate.

Strategy

NHTSA should develop and disseminate model legislation for application by the states.

- *Timeframe: during calendar year 1989*

F-5 Adopt administrative license suspension and revocation procedures for DUI that are designed to keep to a minimum the time required for field officers to carry out their testifying functions.

Strategy

The Surgeon General should write a letter to the governors of those States that currently have no administrative license suspension legislation (administration per se) to encourage such legislation.

- *Timeframe: immediate*

F-6 Maximize public perception of the risk of arrest and punishment for driving under the influence through law enforcement public information and education efforts. These efforts are essential to the deterrent effectiveness of DUI enforcement.

Strategy

To deter drunk driving through enforcement, public information and education (PI&E) efforts must be tailored to the specific activities of the enforcement agency and thus must be developed at the local level. NHTSA should develop and disseminate basic PI&E resources and materials for training in their adaptation and use at the local level. NHTSA should work with the Governor's Highway Safety Representatives (NAGHSA), IACP, and NSA to conduct training to foster the use of these materials at training sessions sponsored by these organizations.

- *Timeframe: no later than 1989, annual IACP, NSA, and NAGHSR conferences, and ongoing*

Panel G

Transportation and Alcohol Service Policies

Chair:	Joseph Gusfield, Ph.D.
Background Paper:	Robert Saltz, Ph.D.
	Robert Apsler, Ph.D.
Recorder:	Michael Impellizzeri
Panel Members:	William Scott
	Perla Niguidula
	James Peters
	Terry Pence

The Transportation and Alcohol Service Policies Panel was charged with reviewing the role of alternative forms of transportation, such as taxis and designated driver programs, and their ability to reduce the problem of drinking-driving. The panelists were further charged with reviewing and recommending policies that might also have a direct bearing on the drinking-driving event, such as drinking establishment patterns, server education, and employee assistance programs.

The panel focused its attention on the environment of transportation opportunities and on social and commercial practices for serving alcohol. One element common to both concerns was the aim of disengaging prevention of the driving act from the drinking act. We recognize that policies to affect transportation and server practices have received scant attention in public health circles. Among alternative forms of transportation, the support of and information about designated driver, safe ride, and employee assistance programs are important adjuncts to public transportation and private commercial transportation.

No less important are the practices of beverage service establishments in the prevention of drinking-driving. Training servers and other beverage service personnel to monitor and recognize patrons at risk should be a significant aspect of beverage service enterprises. The panel further

recognized that commercial beverage serving establishments have an obligation to be concerned about safe transportation for patrons whose drinking creates a risk to themselves, passengers, and/or pedestrians. The role of such enterprises, as well as social hosts, is vital to a successful program to curb drinking-driving.

The panel was also convinced that the cogency and feasibility of such service programs and alternative transportation forms depend on particular local conditions of servicing agencies and transportation facilities. They also require the cooperation and support of community agencies and groups. The need for implementing programs at the local and communal level was stressed. The purpose of the special community task force recommended below is to create community standards for serving practices by social hosts and commercial establishments so as to prevent drinking-driving and ensure compliance with existing local rules and regulations. In addition, the task force would examine and encourage improvements in alternate systems of transportation. Such task groups are important since, in the past, transportation and server practices have been overlooked in public health prevention efforts.

The panel recognizes the possible danger that programs to provide safe transportation for drinkers may encourage drinking and risk exacerbating other alcohol problems. Servers and others should be aware of these risks and not view the recommendations here as encouraging any lessening of other actions to prevent problems related to the use of alcohol.

Community Focus

G-1 Each community should form or expand a task group to review and implement, in a systematic way, interacting policies and priorities as to alcohol service and alternative transportation. Such groups should include, but not be limited to, representatives of public transportation, taxi associations, alcohol and drug abuse authorities, traffic safety professionals, hospitality industry associations, zoning authorities, licensing agencies, citizen support groups, insurance companies, alcohol beverage authorities, educational institutions, and other public and private sector groups.

The agenda for this community effort includes the recommendations in the three broad areas of transportation, server practices, and implementation strategies.

Transportation

Alternative transportation plans enable impaired drinkers to reach their destinations without risking harm to themselves or others.

G-2 The designated driver program should be a community-wide approach addressing all types of drinking situations at all hours and involving drinkers, commercial establishments, social hosts, transportation alternatives, and special events, including sports events. Servers and social hosts must not allow guests or patrons to become intoxicated and thus become a danger to themselves and others, not only through drinking-driving but in other dangerous situations as well. Designated driver programs should incorporate these features:

- The designated driver does not drink any alcoholic beverages.
- Establishments or social hosts provide easy availability of and promote food and alcohol-free beverages.

G-3 Information describing the relationship among alcohol consumption, blood alcohol level, and risk of injury or death should be provided to all individuals obtaining a new or renewal license for operating any type of motor vehicle.

G-4 The hours of drinking establishments should be consistent with the hours of alternative transportation.

G-5 Improving the effectiveness of taxi cabs and other similar forms of transportation as alternatives to drinking and driving should be explored with representatives of the taxi and other pertinent industries.

G-6 The automotive industry and the National Highway Traffic Safety Administration should continue to explore the viability of ignition interlocks and their incorporation in future vehicle design.

G-7 As a condition of obtaining a license to serve alcohol, including "one day" or special permits, an organization must develop and implement a specific plan to provide transportation for individuals who are impaired. Social hosts should do the same.

G-8 Programs to promote safe or alternative transportation (designated driver, safe rides, etc.) should keep in mind that problems related to impairment are not limited to driving automobiles, but also include operating motorcycles, bicycles, boats, snowmobiles, and airplanes; horseback riding; skiing; and even being an impaired pedestrian.

Beverage Service Policies and Practices

Alcohol service training and intervention refer to a broad set of strategies

that address environmental reforms at two basic levels: the legal environment and the specific environment of the licensed establishment. The following policy considerations are recommended in order to achieve a consistent and effective prevention plan.

G-9 Crowd management: Licensees must maintain an adequate ratio of staff to patrons in order to monitor beverage sales, consumption, and patron behavior.

G-10 Promotions: Licensees should not encourage drinking as a focus of activity through promotions such as free drinks, drinking contests, discounted drinks, or multiple drink purchases (e.g., happy hours).

G-11 Training: Training appropriate to the type of facility should be made available to all managers and servers of alcoholic beverages, consonant with policies recommended here.

G-12 Written policies: Written policies must be posted and made available to all employees. These should be included and made a part of alcohol service training.

G-13 Food options: Food should be offered and available during all hours of operation.

G-14 Alcohol-free beverages: Alcohol-free beverages of all types should be promoted, offered, and made available where alcoholic beverages are sold.

G-15 Alternative transportation: Alternative transportation options must be made available wherever and whenever alcoholic beverages are served.

G-16 Serving sizes: All alcoholic beverage drinks should be served in single- serving standard sizes (e.g., 12 oz beer, 5 oz wine, or 1 ¼ oz 80-proof liquor).

G-17 Drinking on the job: Managers and staff are required to be alcohol-free while on duty.

G-18 Age identification: All patrons must produce a valid identification when a server is in doubt as to legal drinking age. Two forms of identification, one with a photo such as government identification or drivers license, are recommended.

G-19 Intoxicated patrons: Service to intoxicated patrons is prohibited.

G-20 Employee assistance programs: All alcohol service employees must have access to an employee assistance program.

Implementation and Incentives

It is recognized that responsible beverage service policies will be followed only in a legal, economic, and social environment that encourages them. The following specific recommendations serve to foster that environment.

G-21 Server practices require vigilant enforcement by regulatory agencies. Those agencies must be adequately funded to carry out that task. In addition, State regulatory agencies (Alcohol Beverage Control boards) should be reviewed to determine current practices, conflicts of interests, scope of authority, and enforcement of existing statutes. State legislatures should review the structure of their Alcohol Beverage Control agencies to emphasize their place in the promotion of public health.

G-22 State licensing regulations should be adopted to provide incentives, such as adjustment of licensing fees, for compliance with responsible server practices as recommended.

G-23 State legislatures should review and reform their dram shop (liquor) liability laws to maximize their preventive impact and to encourage business to adopt responsible serving practices. (The 1985 Dram Shop Act, *Western State Law Review* 12:417-517, 1985, can serve as a reference.)

G-24 States should review and certify server and manager training programs to assure that they accomplish prevention goals, and that the implementation of monitoring and certification of trainees is consistent with other vocational and educational programs in the State.

G-25 State insurance commissioners should review the rate-setting practices of liability insurance companies to ensure incentives for implementing risk management practices that minimize drinking-driving.

G-26 Adequate records of the site of the last drink should be kept in all cases of all officially reported alcohol-related incidents.

G-27 A representative from each of the 11 panels from this workshop

should be selected to serve on the advisory board of the governmental interagency implementation group.

G-28 The final report of this workshop should be widely disseminated to a broad range of agencies and enterprises in public and private sectors, including regulatory agencies, insurance companies, trade associations, and local workshops and conferences such as Responsible Service Forums and Life Savers. Dissemination might include representatives from the implementing groups or from the workshop panels.

Panel H

Injury Control

Chair:	John M. Templeton, Jr., M.D.
Background Paper:	Julian Waller, M.D.
Recorder:	CDR Richard J. Smith III
Panel Members:	Martin R. Eichelberger, M.D.
	George L. Reagle
	Lawrence Schneider
	Clark Watts, M.D.
	Stephen Teret, J.D.
	Katherine McCarter
	Susan McLoughlin, M.S.N., R.N.
	Chief Ricky Davidson

Injury control in drunk driving crashes requires examination of all components covering precrash, crash, and postcrash phases. These phases are not isolated but are intimately linked and interrelated. Injury prevention, injury control, and rehabilitation are inseparable parts of the treatment of alcohol abuse as a disease.

Specific concrete recommendations concerning injury control require direct and indirect approaches. Direct approaches concern prevention and treatment programs directed at the drinking driver as a perpetrator of injury. Indirect approaches concern programs directed at generic injury control, such as improved environment and behavior modification. Specific agencies and groups should be designated to help in the implementation of these approaches.

Injury Control in the Precrash Phase

H-1 Establish a program to integrate at the national, State, and local level

highway safety personnel, highway engineers, maintenance personnel, and Federal and State Departments of Transportation. The program should –

- Stress injury prevention; and
- Foster technology transfer and implementation.

H-2 State governors: Develop a State-sponsored injury control coalition in each State comprising components from public health, education, traffic safety, judiciary, alcohol beverage control, communications, alcohol and drug abuse, and others, including balanced representation from grassroots citizen groups. The goals of the coalition should be to –

- Develop scientifically based education in injury prevention;
- Evaluate the program to measure the impact of education;
- Develop expertise in the correlation of injury severity scores on crash analyses;
- Identify high-risk roadway and environmental conditions, and to implement programs to correct these hazards; and
- Propose legislative initiatives designed to implement injury control.

H-3 State governors: Establish a Fatal Crash Review Panel in each State to include broad government and lay community representation. Its goals would be to –

- Produce better epidemiological reporting of the crash event by police and other authorities;
- Analyze causation, including multiple components of causation; and
- Recommend changes in action programs and environmental improvements such as signs, guard rails, etc.

H-4 Federal Department of Transportation: Establish a national safety feature checklist to be displayed on all new cars, highlighting objective scores concerning rollover potential, front end yielding, intrusion protection, fields of vision, etc. Mandated standards should include –

- A defined numerical range for each feature;
- The vehicle's specific score for each feature; and
- Consumer education programs for the public.

H-5 FCC and Congress: Develop and implement national policies and programs to lessen the use of alcohol seen in TV programs and feature movies.

H-6 FCC and Congress: Develop and implement national policies and programs for television that encourage positive lifestyle decisions such as routine buckling up, refusing to drive after drinking, and refusing to ride with a driver under the influence.

H-7 FCC and Congress: Establish national policies requiring equal time on television for public service announcements to advise the public of the hazards of alcohol.

H-8 NHTSA and State and local authorities: Develop demonstration programs to study the use of an interlock mechanism for the vehicle of anyone convicted of a DUI offense, and encourage the use of interlock mechanisms where proven effective.

Injury Control in the Crash Phase

H-9 Federal DOT: Promote enactment in every State of effective mandatory seatbelt laws to include "primary" enforcement with an adequate fine.

H-10 Federal DOT: Promote enactment of laws requiring airbags for drivers and front seat passengers as standard equipment.

H-11 Federal DOT: Promote the proper use of seatbelts and child safety seats in both cars and trucks. Stress –

- 3-point harness devices and improved technology for the protection of young children and low birth weight infants;
- Use of seatbelts even in vehicles with airbags; and
- Use of seatbelts in front and back seat.

H-12 Federal DOT, HHS, and Justice: Promote Federal policies that foster passage and maintenance of laws regarding mandatory helmet usage for all motorcycle riders.

H-13 NHTSA: Encourage industry and consumer programs to retrofit used vehicles with appropriate standard restraint devices and air bags.

H-14 Federal DOT, HHS, and Justice: Foster policies for mandatory fitting of large trucks with devices to prevent "underride."

Injury Control in the Postcrash Phase

H-15 Regionalize emergency medical service systems for the care of injured patients throughout the Nation.

- Establish guidelines for the care of injured patients in the prehospital, inhospital, and rehabilitation phases of care.
- Define regionalization guidelines for urban and rural areas.
- Develop "self-sufficiency" funding mechanisms such as a surcharge on DUI and other traffic violations.
- Develop new approaches to the financing of inhospital and rehabilitation care of indigent patients.
- Encourage public education in the structure and function of emergency medical systems.

H-16 DHHS and medical care professional groups: Develop and implement comprehensive rehabilitation programs for—

- Physical rehabilitation;
- Psychosocial intervention for the drinking driver; and
- Psychosocial rehabilitation of the victims and the family of the victim.

H-17 DHHS: Require BAC testing of all age-appropriate trauma victims of traffic-related injuries as a component of their medical care and management.

H-18 DHHS interacting with professional education organizations: Encourage the teaching of alcohol abuse and injury control as a public health issue in the curricula for health care providers.

H-19 States: Establish State trauma registries as an important part of a system to provide epidemiological data on death, disabilities, and costs to government and private resources.

Strategy

1. The Surgeon General should speak to the National Governor's Conference on what each governor can do to be a catalyst for administrative and legislative action on drinking and driving within each State.

- *Stress that injury is a preventible disease that requires a comprehensive approach to reduce*

the human and financial cost of alcohol abuse and traffic-related injuries.

- *Provide specific recommendations regarding improved vehicle safety, environmental safety, and injury prevention behavior.*
- *Support regionalization of injury care systems.*

2. *The Surgeon General and his office should also address the issue of drinking and driving through –*
   - *TV programs to educate the public (as done with AIDS);*
   - *A speech to the National Governor's Conference; and*
   - *A formal congressional hearing on the issue of drinking and driving.*
3. *The expertise and assistance of the following specific agencies and groups, as listed with the individual recommendations made by the injury control panel, should be enlisted:*
   - *Department of Transportation (NHTSA)*
   - *Federal Communications Commission*
   - *Department of Justice*
   - *Department of Health and Human Services (CDC)*
   - *U.S. Congress*
   - *State Departments of Transportation*
   - *State governors*
   - *State legal authorities*
   - *National Association of State Emergency Medical Services Directors*
   - *Medical care professional groups*
   - *Professional education organizations*

Panel I

Youth and Other Special Populations

Chair:	Galen Davis
Background Paper:	Michael Klitzner, Ph.D.
	Philip May, Ph.D.
	Elsie Taylor
Recorder:	CDR Phillip Smith, M.D.
Panel Members:	Allan F. Williams, Ph.D.
	Anthony J. Heckemeyer
	Judy Zundel
	Raul Caetano, M.D., Ph.D.

The several recommendations coming out of this Surgeon General's workshop may be effective in the general population. However, their effectiveness in ethnic minority groups will depend on the extent to which those interventions are tailored to the social and cultural identity of the specific ethnic group. Educational efforts, for instance, need to take into account the best media for dissemination of information as well as sensitive use of meaningful cultural symbols and images.

Drunk driving as a major public health problem affects youth and ethnic minority groups disproportionately. Specifically targeted interventions are needed. However, drinking and driving occur in the context of social norms, and cultural and regional trends are influenced by a multitude of other factors.

Drinking and driving among youth are frequently determined by their adult role models. Action at the school level should include more than just classroom prevention programs; a restructuring of the schools to improve student commitment to education and other social values is also needed. Concerted efforts should be aimed at improving self-concept, coping skills, and psychological adjustment.

The panel finds it difficult to provide specific recommendations for the special populations as distinct entities given the lack of data on the extent

and correlates of the problems within each group. Therefore, the panel addresses those issues which the various ethnic groups have in common while highlighting the specific needs of certain ethnic groups. The following recommendations are based on this premise.

Relative to drinking and driving, we recommend the following programs, policies, and countermeasures.

I-1 Increase local, State,and Federal taxation on alcoholic beverages.

I-2 Increase justice system training.

I-3 Increase health care system training (i.e., cross-train disciplines where possible).

I-4 Increase the precision and consistency of present data collection systems (i.e., the Fatal Accident Reporting System (FARS), Multiple Cause of Death (MCD) file, death certificates) to collect and record data on drinking and driving among youth and at-risk minority groups.

Strategy

Research funds should be allocated from NIAAA, probably the epidemiology branch. The request for proposals (RFP) announcement should include provisions for evaluation of data collection measures. Results should be realized within 2 years of implementation.

- *Timeframe: 3 months for RFP*
  9 months to go through review and award system

I-5 Renew governmental regulatory guidelines on motor vehicle design and road safety.

I-6 Support community involvement through proven strategies and programs.

I-7 Restrict Federal highway funds if States do not institute administrative drivers license revocation for DUI.

I-8 Ensure swift and sure sanctions including making the sanctions reflect the magnitude of the problem.

I-9 Support enactment and enforcement of the 1987 National Commission Against Drunk Driving (NCADD) checklist of countermeasures.

Strategy

The National Highway Traffic Safety Administration should include the 19 countermeasures of the 1987 NCADD Checklist of Countermeasures in their 408 or 410 DWI countermeasure incentive programs. States must attain 80 percent of the countermeasures to be eligible for the incentive grant funds in the first year and 90 percent to be eligible for the second and subsequent years. Special grant incentives should be set up for 100- percent attainment.

- *This program should be implemented during the 1990 Federal fiscal year.*

I-10 Encourage comprehensive school-based K-12 alcohol and other drug abuse education and educator training programs of proven efficacy.

Strategy

By the end of 1990, NIAAA in conjunction with NHTSA should award a series of 5-year contracts to evaluate existing and/or innovative educational strategies and teacher-training efforts in terms of student behavioral outcomes, including age of first use, drinking patterns, DWI/RWID, and other alcohol-related problems.

Teacher training should be evaluated in terms of increased teacher awareness and knowledge, increased comfort with addressing alcohol-related issues, increased skill in implementing alcohol education, and increased skill in action planning of prevention for the school and community.

These contracts should be restricted to individuals and institutions who have not participated in the development of the programs and who have no financial interest in the dissemination of the programs.

I-11 Add funds for States to develop and evaluate innovative programs to prevent and reduce drinking and driving.

I-12 Encourage civil liability for intentionally providing, directly or indirectly, alcohol to minors.

I-13 Institute night driving curfews for beginning drivers under 18 years of age.

Strategy

- *NHTSA and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) should develop model curfew and 0.02 legislation by the end of 1990.*
- *States failing to adopt legislation conforming to these models by the end of 1992 should forfeit 10 percent of their Federal highway funds.*
- *By the end of 1992, NHTSA and OJJDP should have developed a training curriculum for local law enforcement officers in methods for identifying youth driving with low BACs.*
- *By the end of 1992, training of trainers conferences of the above curriculum should be held in all NHTSA program regions.*
- *By the end of 1992, NHTSA should award a 3-year contract to study the implementation of curfew and 0.02 legislation in all States.*

I-14 Increase the effectiveness of minimum alcohol purchase age laws.

I-15 Support mandatory seatbelt and motorcycle helmet laws and tie them to Federal highway funds.

I-16 Endorse the following recommendations of the National Commission on Drunk Driving report on youth:

- Administrative per se license suspensions should be statutorily permitted.
- Open container laws should be promulgated.
- Strict sanctions should exist for the sale or transfer of alcoholic beverages to youths under the legal drinking age.

Appropriate State agencies and State legislatures should consider legislation in the following areas.

I-17 Make classroom instruction on alcohol use, other drug use, and impaired driving mandatory for grades K-12; develop curriculum guidelines for each grade level.

Strategy

By the end of 1990, based on current knowledge, NIAAA in conjunction with NHTSA and Department of Education should develop guidelines for the selection and development of curricula and teacher-training methods by local school districts. This effort should be overseen by a national panel of experts who do not have a financial interest in any such programs.

NOTE: The Department of Education recently did this for drug education (including alcohol and tobacco), but there is little (if any) traffic safety thrust in their materials.

I-18 Encourage insurance rebates for drivers who take an approved driving risk-reduction course and have a clean driving record.

I-19 Include a mandatory component on alcohol use and impaired driving in driver education courses.

I-20 Discourage and/or limit beverage advertising and promotion that is directed at youth and minorities.

Strategy

Implementation should follow guidelines set up by the Advertising and Marketing Panel.

I-21 Endorse 0.08 BAC for DWI for all the population 21 years of age and older.

I-22 Endorse additional penalties over and above standard liquor law violations for those under age 21 with an 0.02 BAC or above.

I-23 Increase the enforcement of DUI laws relative to youth.

I-24 Increase professional and public information and education with regard to youth and other special populations. Proven strategies for prevention and remediation should be utilized. Emphasis should be placed on providing education to:

- Criminal justice personnel
- Health care professionals
- Educators

- Media professionals
- Other policymakers
- Other community leaders
- General public

Prevention media communications should take into account the appropriate culture and ethnic values when delivering their message.

I-25 Provide broad-based education of Indian tribal leaders and tribal members on policy options pertaining to alcohol.

Strategy

Require the Federal Agencies, in consultation with tribal communities, to develop strategies and plans for providing training on tribal specific and appropriate alcohol policy, e.g., to include personnel plans and policies, law and order codes and ordinances, school criteria and guidelines for education, diagnosis and treatment protocols in clinics and hospitals, and quality assurance plans for all treatment and rehabilitation programs.

The lead Agencies should be the Bureau of Indian Affairs (BIA), the Indian Health Service (IHS), NIAAA, NHTSA, etc.

- *Timeframe: By December 1990*

I-26 Increase Indian tribal law enforcement resources.

I-27 Expand traffic safety initiatives among Indian tribes.

I-28 Better utilize all sources of funding for education, recreation, and economic development. In particular, improve the socioeconomic status of the American Indian.

I-29 Support Federal/tribal/State cooperation for the establishment of detention and treatment centers for American Indians.

I-30 Improve social and cultural relevance in all programming and countermeasures.

I-31 For American Indians and Alaska Natives, seek support of tribal governments in the development of tribal resolutions for establishing policy actions on alcohol and operation of motor vehicles while under the influence of alcohol or other drugs.

Strategy

Amend P.L. 99-570, the Anti-Drug Abuse Act of 1986, to include incentives for tribal governments to formulate, execute, and enforce tribal-specific drinking-driving policies. Lead agencies: Bureau of Indian Affairs, Indian Health Service

- *Timeframe: December 1989 for amended legislation*

I-32 Develop and implement educational efforts to increase Hispanics' awareness of the risks associated with drinking and driving and to minimize drinking practices that lead to the consumption of higher volumes of alcohol per occasion. The target groups should be youth and males aged 21-39 years.

Strategy

A campaign should be developed nationwide with sponsorship from the Office for Substance Abuse Prevention (OSAP). Proposals should include carefully laid out plans for evaluations of campaign effectiveness.

- *Timeframe: 3 months to request proposals*
  4 months to proposal deadline
  2 months for review
  3 months for funding

I-33 Encourage special training of law enforcement officers to ensure nondiscriminatory DUI law enforcement.

I-34 Increase community recreational resources for black (and American Indian and Hispanic) youth.

Strategy

Funds may be allocated from State block grants or from OSAP for demonstration projects to set up neighborhood afterschool programs (e.g., music, drama programs; physical rehabilitation programs; occupational therapy programs; RAP and counseling programs).

- *Timeframe: 1 year for implementation of program*
  1 year for evaluation of success of programs
  look for results in 1992

I-35 Increase education of religious and other black community leaders about alcohol abuse and drunk driving.

Strategy

Include an appeal to religious leaders in their religious training programs.

Institute training curricula in ministerial schools.

Encourage black community leaders to set up neighborhood RAP sessions and programs.

Funds may be allocated from the Office for Substance Abuse Prevention or the National Highway Traffic Safety Administration.

- *Timeframe: One year setup time to implement programs; one additional year to see how or if the program works and produces results.*

I-36 Increase religious and community programs on alcohol and other drug abuse for blacks.

Research

In the area of research, the panel recognizes the extreme lack of data on specific minority populations with regard to drinking and driving. Descriptive data are needed on the following topics.

I-37 Describe effective alcohol and other drug abuse assessment tools for youth.

I-38 Identify effective support groups for youth and ethnic minorities returning from treatment.

I-39 Develop more precise and consistent measures to collect and record data on drinking and driving among youth and ethnic minority groups.

I-40 Determine the extent of drinking and driving among ethnic groups and the major demographic characteristics of individual members of the group who engage in such behavior.

I-41 Study the relationships among drinking patterns such as volume consumption per occasion and drinking and driving.

I-42 Investigate the attitudes toward drinking and driving among blacks/ Hispanics/American Indians and how deviance is defined in the specific group.

I-43 Track arrest patterns to assess the question of the validity of high prevalence of DUI arrest among Hispanics as it relates to law enforcement practices.

I-44 Assess the effectiveness of first and multiple offender rehabilitation programs for youth and ethnic minorities.

I-45 Assess the effectiveness of driver's license sanctions associated with DUI convictions.

I-46 Assess the effectiveness of State laws that apply special license sanctions to youth for alcohol-related violations.

I-47 Evaluate the effect of liquor advertisements on the use of alcohol by minors.

1-48 The panel endorses the research questions listed in Dr. Perrine's background paper for the Epidemiology Panel as they relate to the different age groups in the minority population. (See background papers in separate volume.)

In specifically addressing the recognized research priority needs among American Indians, the panel makes the following additional recommendations.

I-49 In the area of epidemiology, research is needed on the following issues relevant to American Indians:

- Motor vehicle accidents based on geographic location, i.e., reservation/off-reservation, urban or rural sites
- Adult prevalence studies
- Survey of tribal alcohol policies
- Prevalence and level of impairment due to drinking and driving related motor vehicle accidents

I-50 In the area of social-psychological research, the following topics are of major importance to American Indians:

- Social-psychological studies of accident victims

- Attitudinal values and trends on drinking and driving

Strategy

Sponsorship for this research should come from the National Institute on Alcohol Abuse and Alcoholism. The mechanism for funding would be the basic RO1 grant funding of the extramural research program.

- *Timeframe:* *February 1, 1989* *Receive proposals*
  June 1989 *Initial review*
  October 1989 *Council review*
  December 1989 *Funding awarded*

I-51 Organize Federal coordination efforts to provide technical assistance to tribes regarding legislation implementation.

Strategy

Lead agencies: Bureau of Indian Affairs, Indian Health Service, NHTSA, NIAAA, etc.

- *Timeframe: December 1990*

I-52 Evaluate the effectiveness of policy execution by:

- Process evaluation – the stages of passing and implementing new policy; and
- Outcome measures – maintain accident (e.g., pregnancy, morbidity and mortality) data and alcohol (e.g., alcohol-related problems) data on a longitudinal database.

Strategy

Lead agencies: Indian Health Service, NIAAA, and private sector agencies.

I-53 Identify potential State, Federal, tribal, and private funding resources to implement tribal policy.

Strategy

Lead agencies: IHS, BIA, NIAAA

- *Timeframe: ongoing*